

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597668

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
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14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	1					
30	1					
31		2				
32		1				
33		1				
34		2				
35		2				
36		2				
37		2				
38		1				
39		1				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48	1					
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60	/					
61		/				
62		/				
63	#	/				
64		/				
65		/				
66		/				
67		/				
68		/				
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83		/				
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	72	←		←		←
TOTAL CLAIMS	77					